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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |  |   |
|--|--|---|
| I.   |  | Well API No.<br>30 025 20236 ✓  |
| Operator<br>Texaco Exploration and Production Inc.   |  |   |
| Address<br>P. O. Box 730 Hobbs, New Mexico 88240-2528  |  |   |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Operator <input checked="" type="checkbox"/>      |  | <input checked="" type="checkbox"/> Other (Please explain)<br>9-1-92 R-9710 CHANGES BATTERY LOCATION,<br>LEASE & WELL # FROM MOBIL STATE I #2 |
| Change in Transporter of:<br>Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |   |
| If change of operator give name and address of previous operator<br>Mobil Producing Texas and New Mexico Suite 2700 Houston, TX. 77046   |  |   |

### II. DESCRIPTION OF WELL AND LEASE

|  |                |   |   |                  |
|--|----------------|---|---|------------------|
| Lease Name<br>VACUUM GLORIETA WEST UNIT  | Well No.<br>85 | Pool Name, Including Formation<br>VACUUM GLORIETA | Kind of Lease<br>State, Federal or Fee<br>STATE | Lease No.<br>N/A |
| Location<br>Unit Letter <u>L</u> : <u>660</u> Feet From The <u>West</u> Line and <u>2180</u> Feet From The <u>SOUTH</u> Line<br>Section <u>36</u> Township <u>17S</u> Range <u>34E</u> , <u>NMPM</u> , <u>LEA</u> County |                |   |   |                  |

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |             |             |                                   |                   |
|---|--|------------|-------------|-------------|-----------------------------------|-------------------|
| Name of Authorized Transporter of Oil<br>Texas New Mexico Pipeline <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>   | Address (Give address to which approved copy of this form is to be sent)<br>Box 2528, Hobbs, New Mexico 88240        |            |             |             |                                   |                   |
| Name of Authorized Transporter of Casinghead Gas<br>GPM GAS CORPORATION <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>4044 PENBROOK AVENUE ODESSA, TEXAS 79762 |            |             |             |                                   |                   |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>K  | Sec.<br>36 | Twp.<br>17S | Rge.<br>34E | Is gas actually connected?<br>YES | When ?<br>UNKNOWN |

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

|                                    |                             |          |                 |          |        |                   |            |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Perforations                       |                             |          |                 |          |        | Depth Casing Shoe |            |            |

### TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

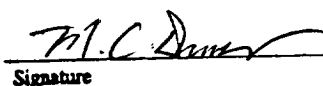
|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

### GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Signature

M. C. Duncan

Engr. Asst.

Printed Name  
9-1-92

Title  
505 393 7191

Date

Telephone No.

### OIL CONSERVATION DIVISION

SEP 10 '92

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 6 1 1992

GIS MOBILE UNIT